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April, 1956

Vol. XVII, No. 4

ACCIDENTS--PREVENTION

358. Pershing, Madeline

The home accident prevention nursing consultant, by Madeline Pershing and Madelyn Davis. Nursing Outlook. Feb., 1956. 4:2:100-102.

The growing importance of home accident prevention programs as a part of public health measures has brought to the public health nurse an opportunity to expand her accident prevention activities. One of the most important jobs of the consultant is to determine what special knowledge nurses need in order to integrate home accident prevention with other activities in public health nursing.

AMPUTATION--EQUIPMENT

359. Delagi, Edward F. (V.A. Hosp., New York 63, N.Y.)

Use of temporary plaster pylon in the management of the lower extremity amputee, by Edward F. Delagi, Arthur S. Abramson, and Arthur D. Tauber. Arch. Phys. Med. and Rehab. Dec., 1955. 36:12:784-786. Reprint.

A report on the usefulness of a temporary plaster pylon in preparing 62 patients and their stumps for ambulation. Details of fabrication are explained and the value of the pylon for lower extremity amputees is discussed. Defects in gait as a result of training with the pylon have not been observed in this group of amputees.

See also 428.

APHASIA

360. Gottsleben, Robert H. (The Training School, Vineland, N.J.)

Pseudo-mental deficiency resulting from childhood aphasia; a case study. Training School Bul. Feb., 1956. 52:10:239-249.

A case report of a boy who lacked definite neurological signs of brain damage, but who demonstrated clinically the symptoms of childhood aphasia. He was referred to the Training School at Vineland at the age of 8 because of apparent mental retardation and a history of hostile, aggressive behavior. The childhood aphasia had an overlay of reduced hearing acuity. Previous history, symptomatic behavior, and psychometrics used in differential diagnosis are described. A multiple-sensory approach was used in therapy.

361. Myklebust, Helmer R. (School of Speech, Northwestern Univ., Evanston, Ill.)

Language disorders in children. Exceptional Children. Jan., 1956. 22:4:163-166.

An article indicating some relationships between language development and language disorders. A frame of reference for diagnosis and training of children with language disorders is suggested. The writer believes that language development occurs only when the child has

APHASIA (continued)

adequate integrity of the peripheral nervous system, the central nervous system and of psychological processes; the problem of differential diagnosis is to ascertain which area or what combination of these areas has been disturbed.

362. Wepman, Joseph M. (950 E. 59th St., Chicago 37, Ill.)

A theory of language disorders based on therapy, by Joseph M. Wepman and Doris Van Pelt. Folia Phoniatrica. 1955. 7:4:223-235. Reprint.

Presents a new concept derived from therapy of language disorders subsequent to cortical insult; it holds that the function of cortex in language formulation is both symbolic (or integrative) and non-symbolic (or transmissive). Thus, dual disorders of language should be considered: symbolic disorders, here called aphasia, and non-symbolic disorders, called here apraxia or agnosia. Aphasias are believed to be amenable only to indirect stimulation techniques in therapy while direct training methods are to be employed with apraxias and agnosia. The advantages of this concept for therapy are discussed.

ART

See 465.

ARTHRITIS

See 399; 404; 453.

ARTHRITIS--ETIOLOGY

363. May, Frank (81 Collins St., Melbourne, Victoria, Australia)

A study in focal infection and its relation to rheumatic disease. Arch. Phys. Med. and Rehab. Dec., 1955. 36:12:751-758.

Explains the relationship of focal infections such as allergy, dental sepsis, acute sinusitis, infections in tonsils, gall bladder, gastro-intestinal tract, the prostate and cervix, to the etiology of rheumatic diseases. Recommendations are made for the medical treatment of infection.

ARTHRITIS--MEDICAL TREATMENT

364. Boland, Edward W. (2210 W. Third St., Los Angeles 57, Calif.)

Prednisone and prednisolone therapy in rheumatoid arthritis; clinical evaluation based on continuous observations for periods of six to nine months. J. Am. Med. Assn. Feb. 25, 1956. 160:8:613-621.

A report on the evaluation of the therapeutic merits of the drugs, with a comparison of their efficiency with that of hydrocortisone in 141 patients. The author believes that the drugs represent an important step toward development of an ideal suppressive drug in rheumatoid arthritis and other diseases responsive to adrenocortical hormones, but as practical therapeutic agents, they share most of the shortcomings exhibited by the older steroids. They possess both advantages and disadvantages when compared with hydrocortisone, such as relative freedom from salt and water retention with ordinary therapeutic doses but a greater propensity for digestive complications.

ARTHRITIS -- MEDICAL TREATMENT (continued)

365. Rae, James W., Jr. (1313 E. Ann St., Ann Arbor, Mich.)

Treatment of patients with rheumatoid arthritis by physical means, by James W. Rae, Jr., and Leonard F. Bender. J. Am. Med. Assn. Feb. 25, 1956. 160:8:611-613.

A discussion of the value of heat, massage, therapeutic exercise, occupational therapy, and various assistive and supportive devices in the management of rheumatoid arthritis. The responsibility of the physician in motivating the patient to carry out the treatment program and in explaining the disease to the patient is stressed. Instructions for a home treatment program should be given the patient who is mainly responsible for success of the program.

366. Strandberg, B. (Copenhagen County Hosp., Copenhagen, Denmark)

Phenylbutazone and compound F for osteoarthritis of the hip; a survey and clinical report. Brit. J. Phys. Med. Jan., 1956. 19:1:9-16.

The writer reviews previously published reports on therapeutic results of the use of the two drugs in treating rheumatic diseases, especially osteoarthritis. The purpose of his own report is to give an objective criterion for the efficacy of arthritis therapy, to assess the effect of phenylbutazone in osteoarthritis of the hip according to the criteria, to compare it with treatment by compound F, and to report results of a combined treatment using both drugs. Data are from treatment of 116 patients with diagnosis of osteoarthritis verified by x-ray.

ARTHRITIS--SURVEYS

367. Cobb, Sidney (Graduate School of Public Health, Univ. of Pittsburgh, Pittsburgh, Pa.)

On the measurement of prevalence of arthritis and rheumatism from interview data, by Sidney Cobb (and others). J. Chronic Diseases. Feb., 1956. 3:2:134-139.

"The relationship between the answers to essentially the same question about arthritis and rheumatism in three different interview situations; and the classification of the same persons by medical examination has been studied. From the data presented, certain estimates of the prevalence of arthritis and rheumatism in the Arsenal Health District of Pittsburgh can be made.... The dangers inherent in trying to study the relationship between arthritis and other variables from interview data have been pointed out...."--Summary. The authors recommend that pilot studies similar to the one reported here be used as the basis of future large-scale morbidity surveys in order to determine the appropriateness of the proposed questions and interview techniques for the objectives in view.

AUDIO-VISUAL AIDS--DIRECTORIES

368. National Association for Retarded Children (99 University Pl., New York 3, N. Y.)

Audio-visual material on mental retardation. New York, The Assn., 1956. 22 p. 20¢.

A descriptive list of films, film strips, records and tape recordings suitable for parent and public education programs on the mentally retarded; some of the films have been professionally produced while others,

AUDIO-VISUAL AIDS--DIRECTORIES (continued)

the result of amateur efforts, have been included for their content, often not covered elsewhere. Subjects covered range from general background material on mental retardation to special education techniques, recreational programs, teacher recruitment, parent education, and group organization.

BACKACHE

369. Hackett, George Stuart (120 Tuscarawas St., W., Canton 2, Ohio)

Low back pain. Brit. J. Phys. Med. Feb., 1956. 19:2:25-35.

The author points out that ligament relaxation, resulting from sprain and tearing of the fibres, causes more low back pain-disability and more referred pain into the extremities than any other entity, though seldom recognized. It is amenable to rehabilitation. He discusses diagnostic techniques and treatment procedures, with the use of injections of a proliferant within the ligament.

BLIND--LEGISLATION

370. Lende, Helga (Am. Found. for the Blind, 15 W. 16th St., New York 11, N. Y.)

A survey of state legislation in 1955. New Outlook for the Blind. Feb., 1956. 50:2:35-41.

A report on the current status of legislative measures in various states for the welfare of the blind, to provide educational services, financial aid to the needy blind, vocational rehabilitation, library services, guide dogs, tax exemptions, mandatory reporting, regulation of fund raising for blind welfare, changes in administrative functions of agencies serving the blind, and state use laws on products manufactured by the blind.

BLIND--PREVENTION

371. Guy, Loren P. (Dept. of Pediatrics, N. Y. Univ. -Bellevue Med. Center, 550 First Ave., New York 16, N. Y.)

The possibility of total elimination of retrolental fibroplasia by oxygen restriction, by Loren P. Guy, Johathan T. Lanman, and Joseph Dancis. Pediatrics. Feb., 1956. 17:2:247-249.

A report of results of 2 1/2 years' work in the Bellevue Hospital (N. Y.) Premature Nursery where infants received severely limited oxygen therapy. No cicatricial retrolental fibroplasia occurred in any of the 148 infants on this regimen and it is the authors' belief that the disease can be either completely or almost completely eliminated by administering oxygen only at times of clinical need and then for as brief periods as possible and at concentrations less than 40 per cent. Mortality rose slightly during the period of oxygen limitation but was not statistically significant. The possibility of a relationship to oxygen limitation is discussed, although it is not considered likely in the authors' opinion.

BLIND--SPECIAL EDUCATION

372. Gilmore, Florence (Campbell Public Schools, Campbell, Calif.)

One public school's experiment with blind children. New Outlook for the Blind. Feb., 1956. 50:2:42-46.

BLIND--SPECIAL EDUCATION (continued)

The author, in her fifth year as a resource teacher in the Campbell, Calif., schools' experiment of integrating blind children into public school classes, describes results of the program. Younger children appear to be particularly adaptable to a program of integration. Methods used to achieve satisfactory results are discussed.

373. Spar, Harry J. (Brooklyn Industrial Home for the Blind, 57 Willoughby St., Brooklyn 1, N. Y.)

Itinerant teaching as a method of educating blind children. New Outlook for the Blind. Feb., 1956. 50:2:51-55.

A discussion of the current trends in education of the blind, the disadvantages of the braille classroom in the public schools, and the more obvious advantages of the itinerant teaching plan. An experimental itinerant teaching program for blind children in suburban counties of Nassau and Suffolk, New York, carried on for the past three years, is described. Necessary changes in New York's education laws are suggested for further development of itinerant teaching services.

See also 417.

BOY SCOUTS

374. Rx; Scouting for handicapped boys. Scouting. Feb., 1956. 44:2:8-9, 21.

Experiences of Scout leaders with troops of blind, cerebral palsied and other handicapped boys attest to the many physical and psychological advantages of Scouting for the handicapped.

BRACES

375. Coplans, Carl W. (Univ. of Cape Town, Cape Town, S. Africa)

A "lively" brace for the treatment of scoliosis; preliminary communication. S. African Med. J. Jan. 21, 1956. 30:3:60-63.

Describes a brace for use in the correction of scoliosis which depends upon the dynamics of a compressed helical spring for its corrective effect. In contrast to the conventional type brace, forces acting on the patient in this particular brace are of a resilient and elastic nature. Design of the brace permits considerable rotational mobility, while anteroposterior and lateral movement of the spine is effectively limited. "...The principle of the torsional force produced by a wound-up helical spring has been further utilized by the author for the correction of (1) spasmodic torticollis, (2) club feet, and (3) flat feet. Separate papers describing these appliances are in preparation."

BRAIN INJURIES--MENTAL HYGIENE

See 466.

CEREBRAL PALSY--SOUTH AFRICA

376. Medalie, M.

The sociological problems of cerebral palsy. S. African Med. J. Jan. 7, 1956. 30:1:7-9.

Outlines a scheme for the setting up of sufficient schools for the care of cerebral palsy; the writer stresses the fact that the scheme should be carried out for the whole of the Union of South Africa and should provide for the needs of both the educable and non-educable. The Forest Town School has been mentioned to illustrate the type of staff necessary for the efficient administration of such a school and the financial implications of such an undertaking.

CEREBRAL PALSY--BIOGRAPHY

See 467.

CEREBRAL PALSY--DIAGNOSIS

377. Epstein, Ben

Cerebral palsy; causes and early diagnosis. S. African Med. J. Jan. 14, 1956. 30:2:25-28.

A discussion of the possible etiology of cerebral palsy, with data analyzing factors involved in 131 cases which Dr. Epstein has seen in his practice. He describes also diagnostic features of the spastic, ataxic, and rigid types of cerebral palsy and factors involved in differential diagnosis. He believes it is possible to diagnose cerebral palsy in very young infants and thus prevent a large number of the deformities resulting from lack of early care.

CEREBRAL PALSY--EQUIPMENT

378. Binkley, Edward L., Jr. (Children's Hosp., Denver, Colo.)

Extensor thrust restraint for the cerebral palsied, by Edward L. Binkley, Jr., and Alice Hill. Am. J. Occupational Ther. Jan.-Feb., 1956. 10:1:11-12.

In same issue: Mautner, Dorothy. Supination toy. p. 16.

Describes a restraint designed primarily for the patient who is not yet braced, due to age, and orthopedic complication, or other factors. It is simple to assemble and inexpensive. Once the thrust has been broken and the child has been gradually introduced to the restraint, there has been decided improvement in general relaxation and in gaining some voluntary control of the hands and arms. The authors have had good results from its use with more than a dozen cases to date.

The article by Dorothy Mautner describes the construction and value of a piece of equipment found useful for measuring active range of supination and pronation, for an active, assistive exercise for supination and pronation (therapist assisting), and for active exercise for supination and pronation. Graded resistive exercise could be worked out by adding weights to the handle or disk of the toy.

379. Jensen, Marguerite

The semiautomatic educational wheel, by Marguerite Jensen and Samuel Kossack. Phvs. Therapy Rev. Feb., 1956. 36:2:116-118.

CEREBRAL PALSY--EQUIPMENT (continued)

Describes equipment devised to teach a 5-year-old cerebral palsied child of the severe nontension athetoid type. All four of her extremities are without function, she has no speech and is unable to hold her head erect. The apparatus involves the use of gross voluntary arm movement and is used to retain the child's interest. Through this means, it is hoped that vocabulary, story sequence, word and number recognition can be taught, to enlarge the child's entire experience range. A diagram showing construction details is included.

CEREBRAL PALSY--ETIOLOGY

380. Fuldner, Russell V. (178 Sherman Ave., New Haven 11, Conn.)

Cerebral palsy; where next? Arch. Neurol. and Psychiatry. Sept., 1955. 74:267-279. Reprint.

A discussion of the etiology and pathogenesis of cerebral palsy, with data from 204 selected cases. In this investigation of 204 nonepileptic, mentally responsive children the most frequent cause of cerebral palsy appeared to be fetal and neonatal anoxia.

CEREBRAL PALSY--MEDICAL TREATMENT

381. Bost, Frederic C. (384 Post St., San Francisco 8, Calif.)

Role of the orthopedic surgeon in treatment of cerebral palsy, by Frederic C. Bost, R. Kirklin Ashley, and Warren J. Kelley. J. Am. Med. Assn. Jan. 28, 1956. 160:4:256-258.

"... The orthopedic surgeon is preeminently qualified to plan an important role in the care of the patient afflicted with cerebral palsy. This he may do in part through his own skills and in part by the direction of auxiliary technicians whom he has helped to train in the skills of physical and occupational therapy and the construction of braces...." Discussed are the evolution of treatment in cerebral palsy, present status of surgery, clinical results, and the current trend to depreciate the value of surgery in cerebral palsy. A therapeutic team is necessary for realizing maximum benefits in treatment of the patient.

382. Fasser, E. (Pretoria School for Cerebral Palsied Children, Pretoria, S. Africa)

Treatment of cerebral palsied children with chlorpromazine; a preliminary report. S. African Med. J. Jan. 7, 1956. 30:1:10-11.

A report of the use of chlorpromazine in 10 cases of cerebral palsy, with a brief review of previous drug therapy. Methods of the study, dangers of use of the drug, and precautions to be observed in therapy are discussed. The writer suggests that chlorpromazine be used in certain selected cases of cerebral palsy where the child is experiencing a "difficult period." From the study it appeared that children suffering from dyskinesia (disturbances in movement or tone as in chorea, athetosis, or tremor) showed the most improvement from this particular drug.

383. Pollock, G.A. (Princess Margaret Rose Hosp., Edinburgh, Scotland)

Modern methods in the treatment and management of cerebral palsy. S. African Med. J. Jan. 7, 1956. 30:1:12-15.

Treatment of cerebral palsy by drugs, hypnosis, the use of braces and casts, prophylactic and orthopedic surgery, physical therapy, occupational therapy, and education is discussed.

CEREBRAL PALSY--MEDICAL TREATMENT (continued)
See also 399.

CEREBRAL PALSY--NURSING CARE

384. Coyle, Ione (Bur. of Crippled Children Service, Calif. State Dept. of Public Health, 2151 Berkeley Way, Berkeley 4, Calif.)

The public health nurse in the cerebral palsy program. Nursing Outlook. Feb., 1956. 4:2:95-99.

Describes in detail an inservice training program for medical and educational personnel, including the public health nurse, which is part of California's statewide plan to alleviate the cerebral palsy problem. Medical aspects and the value of various therapies in a cerebral palsy program were covered in three 3-hour sessions; responsibilities of the nurse as a member of the cerebral palsy professional team were reviewed also.

CEREBRAL PASLY--PROGRAMS

385. Hayes, Marcia (Bur. of Crippled Children Services, Calif. State Dept. of Public Health, 2151 Berkeley Way, Berkeley 4, Calif.)

Program goals for children with cerebral palsy. Calif. Health. Feb. 1, 1956. 13:15:113-117, 120.

An outline of program goals for handicapped children, especially those with cerebral palsy, and a description of California's approach to the cerebral palsy problem.

CEREBRAL PALSY--PSYCHOLOGICAL TESTS

386. Holden, Raymond H. (14 Congdon St., Providence 6, R.I.)

The Children's Appreception Test with cerebral palsied and normal children. Child Development. Mar., 1956. 27:1:3-8.

A report of an experimental study to evaluate the effectiveness of the CAT as a projective test with cerebral palsied children; eight cerebral palsied children attending the Meeting Street School Cerebral Palsy Center, Providence, R.I., were subjects. The study gives weight to a discontinuity theory of gentic psychology. "...On the basis of the present results, if confirmed by validation studies, the CAT might serve as one psychological differentiator between brain-injured and non-brain-injured children."--Summary.

387. Johnson, G. Orville (Dept. of Special Education, Syracuse Univ., Syracuse, N. Y.)

A comparison of the 1937 Revision of the Stanford-Binet (Form L) and the Columbia Scale of Mental Maturity, by G. Orville Johnson, James H. Neely, and Roger L. Alling. Exceptional Children. Jan., 1956. 22:4:155-157, 178.

A report of a study to obtain more information concerning the relationship between scores obtained by both non-cerebral palsied children and children with cerebral palsy on the 1937 Revision of the Stanford-Binet and on the Columbia Scale of Mental Maturity. Since an important function of these tests is the information they provide regarding academic success, the relationship between measures of academic achievement and intelligence test scores were also investigated. Methods and results of the study are discussed.

CEREBRAL PALSY--PSYCHOLOGICAL TESTS (continued)

See also 413.

CEREBRAL PALSY--SPEECH CORRECTION

See 468.

CHILD GUIDANCE

388. International Union for Child Welfare (16 rue du Mont-Blanc, Geneva Switzerland)

The re-education of severely maladjusted children; the work of the... Advisory Committee on the problems of delinquent and socially maladjusted children. Internatl. Child Welfare Rev. 1955. 9:4:191-230.

Contains two introductory reports by Dr. G.K. Sturup and Mr. Poul W. Perch, both of Denmark, analyzing and commenting on papers submitted by committee members which reported on practices in their respective countries. This particular meeting was devoted to cases which had not responded to treatment. Mentally and physically handicapped children are considered. Methods found successful in treating these children in institutions were discussed, as well as the psychological problems they presented.

CHILDREN (DEPENDENT)

389. U. S. Children's Bureau

Protecting children in adoption; report of a conference held in Washington, June 27 and 28, 1955. Washington, D.C., The Bureau, 1955. 43 p. (Children's Bur. publ. 354, 1955)

The proceedings of a conference on adoption, attended by representatives of the medical, legal, and social professions who met to explore ways of eliminating the "black market" in babies and promoting adequate protection for all babies placed in adoption.

Available from U.S. Superintendent of Documents, Washington, D.C., at 20¢ a copy.

CHRONIC DISEASE--INSTITUTIONS

390. The spotlight is on chronic illness. Modern Hosp. March, 1956. 86:3:67-84.

Contents: Hospitals must focus on long-term problems, Leonard W. Mayo. -The custodial case and the chronic patient, E.M. Bluestone. -Planning and equipping the nursing home, U. S. Dept. of Health, Education and Welfare. -Equipping the nursing home, U. S. Dept. of Health, Education and Welfare. -Built for the ages, 65 years and up, Dane D. Morgan. -The aged find a home in the general hospital.

A series of articles explaining the hospital's responsibility in the organization of community groups to meet the problems related to chronic illness, and describing the planning of various types of facilities for the care of chronic illness patients. Architectural details and necessary equipment for the nursing home are discussed, and a modern geriatric unit adjacent to a hospital is described. Convalescent care in a general hospital has proven feasible at Arkansas City Memorial Hospital.

CHRONIC DISEASE--SURVEYS

391. Trussell, Ray E. (Hunterdon Med. Center, Flemington, N.J.)

Comparisons of various methods of estimating the prevalence of chronic disease in a community; the Hunterdon County study, by Ray E. Trussell, Jack Elinson, and Morton L. Levin. Am J. Public Health. Feb., 1956. 46:2:173-182.

A preliminary report on a few observations of methodological significance to morbidity surveys. Findings are the result of a survey of the prevalence and needs of individuals with illness and disability in an essentially rural population. Surveys such as the Hunterdon and Baltimore studies are expensive and time-consuming and the data suggest that, for chronic disease, household interviews at best may be expected to provide minimum estimates of morbidity.

CLUBFOOT

392. Kite, J. Hiram (490 Peachtree St., N.E., Atlanta 3, Ga.)

The operative treatment of congenital clubfeet. (6) p.

Reprinted from: Am. Acad. of Orthopaedic Surgeons Instructional Course Lectures. Ann Arbor, J. W. Edwards, 1955. v. XII, Ch. III, p. 100-105.

Describes a bone operation for the older child with clubfeet whose feet have been untreated or only partially corrected. This particular operation was devised many years ago by Dr. Michael Hoke for the correction of clubfeet following poliomyelitis and is one which the author has found to be best suited for surgical correction of the condition. When properly executed, the operation gives a normal-appearing foot which will not run over the shoe nor cause the patient discomfort.

COLLEGES AND UNIVERSITIES

See 403.

COLOSTOMY

393. Illinois. University. College of Medicine (Dr. Marc H. Hollender, 912 S. S. Wood St., Chicago, Ill.)

The colostomy patient; Somatopsychic Conference of the.... G.P. (General Practitioner) Feb., 1956. 13:2:97-108. Reprint.

The fifth in a series of the Illinois conferences on somatopsychic subjects to appear in G.P., it concerns the emotional reactions of the patient with a colostomy. Discussed are pre-operative reactions to cancer of the rectum and the necessity for the colostomy, various methods for physicians to use in informing the patient of his condition, compulsive patterns of patients in eating and irrigating habits, the problem of impotency in males, and the eventual adjustment of the patient to economic and social situations.

CONGENITAL DEFECT

See 469; 473

CONVALESCENCE--INSTITUTIONS

See 390.

DEAF

394. Stevenson, Elwood A. (2601 Waring St., Berkeley 5, Calif.)

There are no "profoundly deaf." Calif. News. Nov., 1955. 71:2.
2 p. Reprint.

The writer throws light on the confusion which exists in many minds concerning the difference between sound perception and functional hearing. Such confusion has serious results educationally for it can influence the classification of deaf and hard-of-hearing children.

Available in reprint form from American Annals of the Deaf, Gallaudet College, Washington 2, D.C., at 25¢ a copy.

DEAF--EMPLOYMENT

395. Shinpaugh, Joe R.

Follow-up and adjustment problems of the acoustically handicapped and techniques of solution. (7) p. Reprinted from: Virginia Guide.

In a talk delivered before the Vocational Section of the International Council for Exceptional Children Regional Convention, Nashville, Tenn., November, 1955, the writer discussed the purposes of follow-up procedures on placement, one of which is to discover problems the new worker has encountered in employment. Special problems of the acoustically handicapped, as experienced in Virginia, are discussed as well as techniques for solving them.

Available from American Annals of the Deaf, Gallaudet College, Washington 2, D.C., at 25¢ a copy.

396. Whitton, H. (Royal Residential Schools for the Deaf, Manchester, Eng.)

Occupational welfare of the deaf. Rehabilitation. Winter, 1955-56. 16:2-7.

A discussion of employment possibilities for the deaf, the difficulties they face in a competitive work situation, training schools for the deaf in England, types of training given, the need for public education on the potentials of deaf persons in industry, and parent attitudes where employment of their deaf children is concerned.

DEAF--MENTAL HYGIENE

397. Fushfeld, Irving S.

Psychological foundations in understanding the deaf child. Calif. News. Nov., 1955. 71:2. 5 p. Reprint.

Reprinted in: Ill. Advance. Jan., 1956. 89:4:1-3,5.

A discussion of the difficulties encountered by the deaf child in the acquiring of language. Without hearing, he thinks in a different way from the hearing child; it is this conflict between two types of thinking that makes the learning situation difficult for both the teacher and the child. Until deaf children make the transition from non-verbal thinking to a verbal manner of thinking, psychological problems will exist.

Available in reprint form from American Annals of the Deaf, Gallaudet College, Washington 2, D.C., at 25¢ a copy.

DEAF--SPECIAL EDUCATION

See 460.

DENTAL SERVICE

398. Kessler, Howard E. (Park Bldg., Public Sq., Cleveland Ohio)

Dental changes produced by the playing of musical wind instruments. Dental Survey. Jan., 1956. 3 p. Reprint.

Indicates which types of wind instruments are to be advised for the child with certain dental malocclusions; the orthodontist and the dentist should be aware of the therapeutic possibilities for muscle control which the playing of particular instruments affords. Contraindications for instruments aggravating malocclusions are explained.

DRUG THERAPY

399. Amols, William (622 W. 168th St., New York, N.Y.)

Clinical experience with a new muscle relaxant, Zoxazolamine; preliminary report. J. Am. Med. Assn. Mar. 3, 1956. 160:9:742-745.

In same issue: Zoxazolamine (Flexin) in rheumatic diseases, preliminary report, by Richard T. Smith (and others), p. 745-748. -Use of Zoxazolamine (Flexin) in children with cerebral palsy; preliminary report, by Edwin H. Abrahamsen and Henry W. Baird, III, p. 749-751. -Effect of Zoxazolamine (Flexin) in treatment of spasticity; preliminary report, by Manuel Rodriguez-Gomez, Antonio Valdes-Rodriguez and Arthur L. Drew, p. 752-754.

Relaxation of voluntary muscles was scored by the electromyograph was used in a comparison of several drugs; most promising of compounds studied was zoxazolamine administered to 28 patients with a variety of neurological disorders, particularly spasticity of upper motor neuron types. Major benefit was alleviation of discomfort and inconvenience of spasticity. However, reduction of spasticity was not accompanied by improved volitional control.

Dr. Smith (and others) reports results of the drug with 100 rheumatic patients.

Drs. Abrahamsen and Baird describe results of the drug in 28 children with spasticity; 15 of the group showed clinical improvement in such functions as sitting, crawling, walking, bathing and dressing.

Results of using the drug for patients with spasticity and other forms of uncontrolled muscular activity ascribed to disease either in the spinal cord or in the brain, are reported by Drs. Gomez, Rodriguez, and Drew. The expected relaxing effect was best seen in patients with spinal cord lesions, especially multiple sclerosis.

EDUCATION

See 470.

EMPLOYMENT (INDUSTRIAL)--GREAT BRITAIN

400. German, C. J. (Ministry of Labour and National Service, London, Eng.)

State provision for the employment of the handicapped. Rehabilitation. Winter, 1955-56. 16:23-26.

Surveys briefly the six important Acts of Parliament which provide in Great Britain a system for meeting the rehabilitation and employment needs of the disabled. The article deals particularly with provisions of the principal Act relating to employment, the Disabled Persons (Employment) Act, 1944. Administration of services under the Act is described.

EMPLOYMENT (INDUSTRIAL)--GREAT BRITAIN (continued)

In another article in this issue titled "The British Rehabilitation Service," by Sir Selwyn Selwyn-Clarke, p. 19-22, 26, a brief review is given of some of the rehabilitation services available in Great Britain.

EPILEPSY--MEDICAL TREATMENT

401. Davidson, Douglas T., Jr. (300 Longwood Ave., Boston 15, Mass.)

Phelantin for the treatment of epilepsy, by Douglas T. Davidson, Jr., and Bernard A. Berman. J. Am. Med. Assn. Mar. 3, 1956. 160:9:766-768.

A report of the results of administering Phelantin to 95 epileptic patients; 48 enjoyed complete freedom from seizures and in these cases 80 per cent took the drug alone. It was found to be more effective against grand mal convulsions than minor seizures, was well tolerated as a rule, and produced no serious side-effects. Psychologically, patients benefit from reduction in the number of pills which have to be taken daily under other medication. Phelantin, less expensive than its components prescribed separately, contains diphenylhydantoin, phenobarbital, and methamphetamine.

402. Lombroso, Cesare T. (300 Longwood Ave., Boston, Mass.)

Further evaluation of acetazolamide (Diamox) in treatment of epilepsy, by Cesare T. Lombroso, Douglas T. Davidson, Jr., and Maria L. Grossi-Bianchi. J. Am. Med. Assn. Jan. 28, 1956. 160:4:268-272.

Reports results of the use of acetazolamide (Diamox), an inhibitor of carbonic anhydrase, in the treatment of 126 epileptic patients for periods ranging from 3 months to 3 years. "...Acetazolamide should prove useful not only as an adjuvant in the therapy of epilepsy but also as a means for further investigation of the role of acidosis and of carbonic anhydrase in the metabolism of normal and abnormal brain tissue."...Summary.

EPILEPSY--SPECIAL EDUCATION

403. Abraham, Willard (Arizona State Coll., Tempe, Ariz.)

Educational problems of college age persons with seizures. Exceptional Children. Jan., 1956. 22:4:147-151, 174.

The author reviews briefly research related to the epileptic of college age, makes recommendations to colleges on meeting the needs of epileptic students, clears up some misconceptions as to the academic achievement of this group of students, and gives data and replies to a recent questionnaire sent to 143 colleges and universities. Information is included on various admission policies, special services provided epileptics, scholastic averages, seriousness of seizures and their effect on the educational program of the individual, and follow-up of graduates who had epilepsy. General conclusions based on replies suggest areas where changes and improvements in administration are necessary.

FIBROSITIS

404. Neufeld, Irvin (103 E. 86th St., New York 28, N.Y.)

Merchanical factors in the pathogenesis, prophylaxis and management of "fibrositis" (fibropathic syndromes). Arch. Phys. Med. and Rehab. Dec., 1955. 36:12:759-765. Reprint.

FIBROSITIS (continued)

A discussion of the role that mechanical factors play in various clinical forms of "fibropathic" syndromes; anatomic-structural, neuro-physiological, constitutional, and psychosomatic aspects of the problem are considered. The discussion is of special importance to physiatrists since currently physiatric management offers more hope for success in the diagnosis, prevention, and treatment of localized fibrositic cases.

FOUNDATIONS

See 471.

GIFTED CHILDREN

See 472.

HANDICAPPED--SURVEYS

See 367; 391.

HANDICAPPED--SURVEYS--GEORGIA

405. Wishik, Samuel M. (Graduate School of Public Health, Univ. of Pittsburgh, Pittsburgh, Pa.)

Handicapped children in Georgia; a study of prevalence, disability, needs, and resources. Am. J. Public Health. Feb., 1956. 46:2:195-203.

A report of a survey to determine the magnitude of the cerebral palsy problem and those of other handicapping conditions in children in Georgia, and to assess the adequacy of existing resources in the state to meet the problems presented. Survey methods and their effectiveness are discussed, with their implications for program planning and operation. Inadequacies were revealed which call for new administrative patterns.

Since a complete report of the entire study is due to be published shortly, this article deals only with certain aspects of the study.

HARD OF HEARING

406. Conant, Roger G. (700 Main St., Hartford, Conn.)

Causes of deafness. Indust. Med. and Surg. Feb., 1956. 25:2:56-58. Reprint.

A brief outline of the causes of deafness, made to encourage industry to survey its plants for potential noise hazards. The writer recommends corrective engineering measures to eliminate noise at its source or, if elimination is impossible, protective equipment to be used by workers in these areas. New employees should be examined by audiology study prior to placement in noise areas, and medical examination is suggested for employees with defective hearing to determine type of deafness and prevent further aggravation of the defect.

HARD OF HEARING--MICHIGAN

407. Butler, Stahl (Mich. Assn. for Better Hearing, Lansing, Mich.)

Continuing therapy for hard-of-hearing patients. J. Mich. State Med. Soc. Jan., 1956. 55:1:72, 85.

A discussion of the many excellent non-medical facilities available to the patient with permanently impaired hearing for which the physician and otologist can find no medical cure. Resources for services are cited.

HEART DISEASE

408. Health News, N.Y. State Dept. of Health. Dec., 1955. 32:12.

Entire issue devoted to the subject.

Contents: Congenital heart defects and public health (an editorial), Herman E. Hilleboe. -Surgery for congenital cardiac lesions and rheumatic valvular disease, Janet S. Baldwin. -The surgical treatment of mitral stenosis, James J. Finnerty. -A community program for the rehabilitation of children with heart disease, William E. Mosher.

HEART DISEASE--NURSING CARE

409. Nursing World. Feb., 1956. 130:2.

Entire issue devoted to the subject.

Contents: Some roles of nursing in cardiac disease, Myrtle Coe. - Nurses' workshops in cardiovascular diseases, Betty Mathews. -Nursing care of the cardiovascular surgery patient, Marjorie R. Taufis. -Rheumatic fever in the adolescent child, Ruth Whittemore, Maria Stack, and Norma J. Nielson.

HEMOPHILIA

410. Hartmann, John R. (Children's Orthopedic Hosp., Seattle, Wash.)

Hemophilia: I. Medical care, by John R. Hartmann. 2. Nursing care, by Rose A. Bolduc. Am. J. Nursing. Feb., 1956. 56:2:169-174.

Dr. Hartmann discusses such medical aspects of the disease as the physiologic defects in blood coagulation, clinical manifestations and treatment, laboratory diagnosis of the disease, the value of plasma infusions in classical hemophilia, and psychological aspects of care. The second part of the article describes details of nursing care peculiar to the disease--the administration of plasma by intravenous therapy, the prevention of deformities, how to control the hemophilic child's environment and handle emotional reactions of parents and child.

HEREDITY

See 469; 473.

HIP

411. Peszczynski, Mieczyslaw (School of Medicine, Western Reserve Univ., Cleveland, Ohio)

Rehabilitation of the elderly patient with pinned fracture of the hip.

J. Chronic Diseases. Mar., 1956. 3:3:311-317. Reprint.

The more usual causes of falls and resultant fractures in elderly persons are discussed briefly. Post-operative management of cases with a fracture of the hip should include diagnostic evaluation and reconditioning of the patient's total health, early limited weight-bearing to facilitate crutch walking, and late full weight-bearing--a course of management which appears to be receiving increased acceptance and approval. Aspects of preambulation training, limited weight bearing, the elements of the three-point gait for crutch walking and some modifications necessary in training the elderly patient are described.

INSURANCE (LIFE)

412. Bolt, William (51 Madison Ave., New York 10, N.Y.)

Prognostic value of life insurance mortality investigations, by William Bolt and Edward A. Lew. J. Am. Med. Assn. Mar. 3, 1956. 160:9:736-741.

A report on facts brought to light by the Impairment Study, 1951, the latest in a series of medicoactuarial investigations conducted by the Society of Actuaries in consultation with the Association of Life Insurance Medical Directors. It should prove a valuable source of information on prognosis in a variety of physical impairments. Some conclusions can be drawn as to what is or is not important in physical examination and history-taking.

MEDICINE--RESEARCH

See 474.

MENTAL DEFECTIVES--AUDIO-VISUAL AIDS

See 368.

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

413. Gallagher, James J. (Institute for Research on Exceptional Children, 1003 W. Nevada St., Urbana, Ill.)

Measures of intelligence in brain damaged children, by James J. Gallagher, E. Paul Benoit, and Herbert F. Boyd. J. Clinical Psych. Jan., 1956. 12:1:69-72. Reprint.

A report of a study to determine whether the Columbia Mental Maturity Scale compared favorably with the Stanford-Binet and the Leiter International Performance Scale when applied to an atypical population of brain damaged, mentally retarded children. Forty institutionalized and mentally defective brain injured children with a CA range of 7 to 14 were subjects of the study; results indicate the need for extreme caution in assuming comparability of test scores. Some possible explanations for discrepancies are discussed briefly.

See also 387.

MENTAL DEFECTIVES--SPECIAL EDUCATION

414. Levine, Samuel (San Francisco State College, San Francisco 2, Calif.)

Expanding classroom opportunities for the mentally retarded in low-socio-economic areas. Understanding the Child, Jan., 1956. 25:1:21-23.

The author, an instructor in special education at San Francisco State College and formerly School Principal of Sonoma State Hospital, Eldredge, Calif., deals with topics similar to those presented by Mr. Arnold Goldstein in an article titled "Structuring the Limits in Classes for the Mentally Retarded in Low Socio-Economic Areas," which appeared in the June, 1955, issue of Understanding the Child (see Bul. on Current Literature, Aug., 1955. #834). Mr. Levine questions the philosophical assumptions and the curricular validity of Mr. Goldstein's proposals.

MENTAL DEFECTIVES--SPECIAL EDUCATION--GREAT BRITAIN

415. Gt. Brit. National Association for Mental Health (Maurice Craig House, 39 Queen Anne St., London, W. 1, England)

Occupation centres for mentally handicapped children, with appendices on home teaching and on provision of training for older defectives. London, The Assn (1956?). 16 p. illus. 1s 6d (approx. 27¢)

A description of the types of children for whom occupation centers in Great Britain provide, the physical plant of the center and qualifications of the staff, preliminary planning for a new center, types of services administered, parent-center relationships, and results of training the mentally defective. Home teaching plans, substituted for the occupation center in rural areas, are discussed more briefly.

MENTAL DEFECTIVES--SPECIAL EDUCATION--OREGON

416. Oregon. State Department of Education

Oregon program for special education services for mentally retarded school children, prepared by Mason D. McQuiston. . . . Salem, The Dept., 1955. 23 p. Mimeo.

A booklet covering the legal provisions for a reimbursable educational program on a special class basis for mentally retarded children in Oregon. It defines administrative aspects of establishing such classes, criteria for eligibility, types of reimbursable programs, special supplies and equipment and approval for purchase, considerations in curriculum planning, teacher qualifications, auxiliary services, and the reimbursement schedule. Text of Oregon laws relating to education of the mentally retarded is included with sample application forms for special class approval and certification of the child. Source and cost of suggested supplies for such special classes are given.

MULTIPLE HANDICAPS

417. American Printing House for the Blind (1839 Frankfort Ave., Louisville 6, Ky.)

The survey of the multiple-handicapped, visually handicapped. Louisville, Ky., The Printing House (1955). 14 p. tabs. Mimeo.

A summary report made in response to a request for information on the extent to which provision is made for multiple-handicapped children in schools and classes for the visually handicapped and to determine administrative and educational problems created in making such provision. Replies to a questionnaire were received from 38 of 50 residential schools in the United States; 34 of the 39 public school classes responded also. Data reveal other types of handicap, incidence of mental retardation, and problems occurring in schools of varying population. Since the replies were often ambiguous, the value of the data lies in the pointing out of specific aspects of the problem which need further consideration.

MUSCLES--TESTS

See 399; 427.

MUSCLES--TESTS

418. Shea, Paul A. (2545 Fourth Ave., San Diego 3, Calif.)

The diagnostic value of the electromyograph, by Paul A. Shea and Ward W. Woods. Brit. J. Phys. Med. Feb., 1956. 19:2:36-43.

A review of the present clinical applications of the electromyograph in neurological disorders. It is stressed that the value of electromyography as a diagnostic aid depends upon an EMG instrument of high fidelity and an electromyographer thoroughly trained in its use. Also discussed are sources of error to be avoided in the use of the instrument and interpretation of electromyograms.

MUSIC THERAPY

See 398.

MUSCULAR DYSTROPHY--SPECIAL EDUCATION

419. Muscular Dystrophy Associations of America (39 Broadway, New York 6, N. Y.)

Proceedings of the First National Conference on the Education of the Child with Muscular Dystrophy, New York, August, 1955; ed. by Mrs. John E. Burke, Dr. Elena Gall, and Dr. Merle E. Frampton. New York, The Assns., (1956?), 128 p.. Planographed.

Subjects under discussion at the Conference were problems encountered in the education of the child with muscular dystrophy, the value of the team approach and the utilization of special classes and home instruction, provisions made for the training of special education teachers, various programs concerned with special education and the problems of muscular dystrophy. Also under consideration were rehabilitation, vocational training, placement, and parent education.

NEPHROSIS

420. Kaplan, Sol A. (Miss Callison, Children's Hosp., Elland & Bethesda Ave., Cincinnati 29, Ohio)

Nephrosis in children: 1. Medical aspects, by Sol A. Kaplan. 2. Nursing care, by Cornelia Callison. Am. J. Nursing. Mar., 1956. 56: 3:300-303.

Dr. Kaplan discusses the prognosis for children with nephrosis, possible causes of the disease and various bodily changes which occur. Medical treatment, which now includes antibiotics to control infection and ACTH to induce diuresis, offers hope of a better ultimate prognosis. Miss Callison goes into detail concerning admission routines and routines of daily care which can help both the child and the parents to accept the child's hospitalization. Preparation for the child's return home and for follow-up care are discussed briefly.

OCCUPATIONAL THERAPY

421. Fields, Beatrice

What is realism in occupational therapy? Am. J. Occupational Ther. Jan.-Feb., 1956. 10:1:9-10, 34.

OCCUPATIONAL THERAPY (continued)

Realism in occupational therapy calls for the selection of a modality for use in treatment based on the patient's personality needs and an objective and realistic evaluation of the patient, his goals, and the environment in which he is going to function. The arts and crafts have equal importance in treatment as have industrial media. New ways of applying old arts as well as new industrial equipment can add motivation to rehabilitation.

422. Jones, Mary S.

The role of the occupational therapist in the rehabilitation of the disabled. Rehabilitation. Winter, 1955-56. 16:8-11.

Describes the types of work which occupational therapists in England may be expected to find in rehabilitation of the disabled; the author discusses some unhappy situations in which the therapist may find herself involved but she also shows the opportunities open to a therapist with skill and imagination. The occupational therapists' role on the rehabilitation team and responsibilities delegated to them by other members of the team are discussed.

OLD AGE--MEDICAL TREATMENT

423. Anderson, W. F.

The elderly sick. Physiotherapy. Jan., 1956. 42:1:3-5.
Congress Lecture.

Discusses the mental states of elderly persons who are ill, common diseases affecting the elderly, conditions which often call for admittance to the hospital, the place of geriatric units in the hospital, rehabilitation of older persons, and the value of exercises and various ancillary services.

OLD AGE--MENTAL HYGIENE

424. Kutner, Bernard (Yeshiva Univ., Amsterdam Ave. at 186th St., New York 23, N. Y.)

The problem of mental health among the aged, by Bernard Kutner and Wilson G. Smillie. Am. J. Public Health. Feb., 1956. 46:2:204-208.
Reprint.

A brief report of a study to assess the conditions of life and some of the problems of a sample of the aged population in a local health district in New York City and to evaluate the relationship between needed and existing community services for older people. Demoralization and premature senile degeneration are definitely the responsibility of public health programs; the author makes some recommendations for a minimal program for improving mental health among the aged.

OSTEOCHONDRITIS

425. Lewis, N. R. (Royal Air Force Med. Rehab. Unit, Chessington, Surrey, Eng.)

Osteochondritis dissecans of the knee; a review of 55 cases, by N. R. Lewis and P. K. B. White. Annals Phys. Med. Jan., 1956. 3:1:13-17.

OSTEOCHONDRITIS (continued)

Discusses briefly the historical background of the disorder, its incidence, site, etiology, clinical signs, its diagnosis and treatment. Conclusions and results of treatment of 55 cases are reported. The disorder is frequently due to trauma and may coexist with a torn cartilage; early diagnosis is difficult but tunnel views may reveal early lesions when straight radiographs are normal. In the acute stage immobilization is essential; later, carefully graduated rehabilitation is required.

OSTEOGENESIS IMPERFECTA

426. McKusick, Victor A. (Dept. of Med., Johns Hopkins Hosp., Baltimore, Md.)

Heritable disorders of connective tissue; V. Osteogenesis imperfecta. J. Chronic Diseases, Feb., 1956. 3:2:180-202.

Discusses reports on the syndrome, the earliest of which dates back to 1678. Clinical manifestations, incidence and the role of inheritance, the pathology, and fundamental defects are considered. Studies to date are most consistent with the view that the basic defect involves maturation of the collagen fiber beyond the stage of the argyrophilic, reticulin fiber. Includes a bibliography of 133 references.

PARALYSIS AGITANS--MEDICAL TREATMENT

427. Doshay, Lewis J. (700 W. 168th St., New York 32, N. Y.)

Ethopropazine (Parsidol) hydrochloride in treatment of paralysis agitans, by Lewis J. Doshay, Kate Constable, and Frederic J. Agate, Jr. J. Am. Med. Assn. Feb. 4, 1956. 160:5:348-351.

In same issue: Agate, Frederic J., Doshay, Lewis J., and Curtis, F. Kingsbury. Quantitative measurement of therapy in paralysis agitans. p. 352-354.

A report based on a study of a group of 147 Parkinsonian patients treated with ethopropazine during the past year at Vanderbilt Clinic, Presbyterian Hospital, New York, and in private practice. The group included patients with all three types of paralysis agitans. The drug was found to be an outstanding addition to the chemotherapy of the disease. Utilized in high dosages, it manifested a highly selective action against major tremors and a pronounced effect against rigidity, and favorably influenced disorders of posture, balance, gait, and speech. It was well tolerated in every type of paralysis agitans, irrespective of age or weight of patient. Oculogyric disturbances were not controlled, however, by the drug and drowsiness and dizziness were common but not harmful side-effects.

The second article describes a method devised for measuring the quantitative change effected by therapy in paralysis agitans. The methods for objectively measuring rigidity and tremor utilize newly developed electronic recording instruments. Results obtained in 13 patients with the aid of these devices were studied and findings are reported.

PARAPLEGIA--EQUIPMENT

428. Nyquist, Roy H. (V.A. Hosp., Long Beach, Calif.)

Exoskeletal splithook prostheses for patients with traumatic tetraplegia; preliminary experience with their use for upper extremities. J. Am. Med. Assn. Mar. 3, 1956. 160:9:761-763.

Experiences with several types of exoskeletal splithook prostheses (designed originally for amputees) used by 25 patients at the Long Beach V.A. Hospital are reported. The largest group of patients who benefitted by this device were those with complete lesions at C-5 and C-6. Of four models used in the trial period, each had its special advantages under certain conditions.

See also 457.

PARTIALLY SIGHTED

429. American Medical Association. Council on Industrial Health (535 N. Dearborn St., Chicago, Ill.)

Estimation of loss of visual efficiency. Arch. Indus. Health. Oct., 1955. 12:439-449. Reprint.

A revision of the "Appraisal of Loss of Visual Efficiency," which was adopted in 1940 by the House of Delegates of the American Medical Association on the recommendation of the Section on Ophthalmology. This report covers a revision of methods of determining such loss in a person with visual impairment as a result of disease or injury. Includes a glossary of terms and a sample form for reporting visual field determinations.

PARTIALLY SIGHTED--SPECIAL EDUCATION--CALIFORNIA

430. Watson, Charles W.

The education of visually handicapped children in California. Calif. Schools. Jan., 1956. 27:1:3-11.

Describes programs of special education for the blind and partially sighted children under California's provision for their educational needs. Methods of discovering visual handicaps, their definition and classification, and the primary responsibility for special education facilities are discussed. The financing of facilities, preschool education, and trends in special education for the visually handicapped are covered; data on the number of estimated visually handicapped in California and their actual enrollment in the public schools within the state are given.

PHYSICAL MEDICINE

431. Walters, C. Etta (Dept. of Phys. Med. and Rehab., Research and Educational Hospitals, Univ. of Ill., Chicago, Ill.)

The application of the overload principle to the learning of motor skill. Am. J. Occupational Ther. Jan.-Feb., 1956. 10:1:1-6.

The effect of stress (defined as forced learning within tolerable limits) on the learning of two sensory motor skills was studied in eighteen women. Analysis of the learning curves indicated a trend toward conclusions which would be applicable to similar groups. It was found that a greater degree of skill can be attained by practicing under stress; as much can be gained by indirect training under stress as by direct training under non-stress. In highly motivated groups self-pacing is as effective in learning as pacing to an outside stimulus.

PHYSICAL THERAPY--WASHINGTON

432. Washington. State Department of Health (Smith Tower, Seattle, Wash.)
1954-1955 survey, physical therapy facilities and services in special day classes of public schools in Washington, conducted by.... Seattle, The Dept., 1955. n.p. tabs. Mimeo.

Tables of data cover details of administration such as location of classes, age eligibility of children, provision of transportation, enrollment by diagnosis, admission screening procedures, special personnel, their responsibilities and qualifications, and salary schedules. Tables also give detailed information on services and equipment in special classes in various cities and counties of the state. Explanatory text supplementing the data is included.

PSYCHIATRY

433. Meyer, Eugene (Johns Hopkins Univ. School of Med., Baltimore, Md.)
Acute psychologic disturbances in the course of hospitalization of patients with chronic illness. J. Chronic Diseases. Feb., 1956. 3:2: 111-121.

Describes psychological reactions to the stress of chronic illness and hospitalization, as well as environmental factors and supportive human relationships available to the hospitalized person which can help him in overcoming his psychologic problems. Case histories illustrate the management of acute psychologic disturbances in the hospital.

434. Nemiah, John C. (Mass. General Hospital, Fruit St., Boston, Mass.)
Emotional factors and poor motivation for rehabilitation. Arch. Phys. Med. and Rehab. Dec., 1955. 36:12:771-775. Reprint.

Presents observations on emotional factors which prevent successful rehabilitation in patients with back injuries; these factors are not, however, confined to this type of patient alone, but are found in patients with a variety of injuries and disabling illness. Personality factors often predispose the patient to an emotionally produced invalidism out of all proportion to the physical nature of the lesion. Anxiety and dependency needs are often the cause of lack of motivation in rehabilitation.

PSYCHOLOGICAL TESTS

435. Wenar, Charles (912 S. Wood St., Chicago, Ill.)

The effects of a motor handicap on personality; III. The effects on certain fantasies and adjustive techniques. Child Development. Mar., 1956. 27:1:9-13. Reprint.

"Analysis of the World Test administered to handicapped and non-handicapped children revealed the following results: There was no difference between the groups in terms of over-all adjustment, variety of interests and concern over interpersonal relations; there was also no difference in the number of destructive fantasies, but the handicapped children were significantly weaker in their ability to establish self-protective defenses and were more quickly or more chronically concerned with their destructive fantasies."--Summary.

PSYCHOLOGICAL TESTS (continued)

436. Wittreich, Warren J. (Armstrong Cork Co., Lancaster, Pa.)

The influence of simulated mutilation upon the perception of the human figure, by Warren J. Wittreich and Keith B. Radcliffe, Jr. J. Abnorm. and Soc. Psych. Nov., 1955. 51:3:493-495.

Describes a method of scaling the "resistance to induced aniseikonic distortion" of various objects for a given subject. The method, developed by Mr. Wittreich, involves the use of 14 sets of aniseikonic lenses of increasing power. An object is scaled in terms of that point on the optical scale at which the subject first reports a change in its appearance. This study established "distortion thresholds" for an apparently mutilated figure and for a normal figure, with results showing the threshold for the mutilated figure significantly higher than for the normal figure. Results of the study support those of previous studies.

See also 461.

PUBLIC ASSISTANCE

See 445.

PUBLIC HEALTH NURSING

See 358.

REHABILITATION

437. Krusen, Frank H. (102-110 2nd Ave., S.W., Rochester, Minn.)

Physical medicine and rehabilitation; its significance and relationship to other specialties in medicine. Pa. Med. J. Feb., 1956. 59:2: 207-210.

Dr. Krusen describes the function of rehabilitation, the role of the physiatrist, various therapies used in total rehabilitation programs, and the use of physical treatment. Services of the physical medicine and rehabilitation section of Mayo Clinic and Mayo Foundation are described.

See also 458; 459; 462; 464.

REHABILITATION--CANADA

438. Kanaar, Adrian C.

The rehabilitation programme of the Saskatchewan Department of Public Health. Brit. J. Phys. Med. Jan., 1956. 19:1:1-4.

Traces the development of rehabilitation services under the Public Health Department of Saskatchewan and describes facilities in Saskatoon and Regina. The Social Welfare Department and the Physical Restoration Division of the Public Health Department offer a variety of services which include workshops, homebound services, vocational diagnosis and counseling, medical treatment, provision of prostheses and appliances, clinics for various physical handicaps, mobile clinics, camping for the handicapped, braceshops, and research on appliances. Plans for further extension of services are mentioned briefly.

REHABILITATION--JAPAN

439. Japan Church World Service

Rehabilitation work for the physically handicapped in Japan, by Shiro Abe. Tokyo, The Service, 1955. 14 p.

Discusses briefly the history of welfare work for the physically handicapped in Japan, the present status of rehabilitation, the situation in regard to employment, living standards, war veterans, recent measures in behalf of the physically handicapped, value of the Welfare Act for the Physically Handicapped, passed in 1949, and civil relief activities.

Available from Japan Church World Service, Kyobunkan Bldg., 2, 4-chome, Ginza, Chuo-ku, Tokyo, Japan.

REHABILITATION--PERSONNEL

440. U. S. Office of Defense Mobilization (Washington 25, D.C.)

Mobilization and health manpower; II. A report of the Subcommittee on Paramedical Personnel in Rehabilitation and Care of the Chronically Ill, report to the director of the... by the Health Resources Advisory Committee. Washington, D.C., The Office, 1956. 87 p. tabs.

Presents data and discussions on the present status of paramedical professions concerned with rehabilitation and care of the chronically ill. It includes a list of schools offering training for selected types of personnel in the field, and discusses the supply and need of personnel in each group, educational qualifications, voluntary and federal agency programs for increasing the supply of professional personnel, and recommendations for future programs for solving personnel shortage problems. Recruitment activities of various agencies, voluntary and professional, are discussed.

REHABILITATION--PROGRAMS

441. World Veteran. Jan., 1956.

Special Rehabilitation issue.

Contents: What is rehabilitation?, Kurt Jansson. -Editorial: How can it be done? -Genevieve de Galard tells her reasons for a choice. -The advantage of disadvantage, Howard A. Rusk. -The right man in the right job, Emile Lobet. -Sports for the handicapped, Ludwig Guttman. -Five years of achievement, Rene Guicharnaud. -24 nations affected by the program. -Solo: Where West meets Asia.

REHABILITATION--SURVEYS--PENNSYLVANIA

442. Martucci, Albert A. (1460 E. Cheltenham Ave., Philadelphia, Pa.)

Recent survey of physical medicine and rehabilitation facilities in Pennsylvania. Pa. Med. J. Feb., 1956. 59:2:214-215.

A brief report of a county-by-county survey made from 1953 to 1955 in Pennsylvania to provide information for the medical profession and other recognized agencies regarding existing facilities necessary in long-term care of those with physical disabilities. Data on rehabilitation services offered by hospitals and by voluntary and governmental agencies in the state are included here.

RHEUMATIC FEVER--PREVENTION

443. De Vel, Leon (1810 Wealthy St., S.E., Grand Rapids, Mich.)

Prevention of rheumatic fever. J. Mich. State Med. Soc. Jan., 1956. 55:1:47-49.

The first step in the prevention of rheumatic fever is an understanding of the etiological factors involved; the author outlines, as well, the steps to be taken for prevention of the initial attack and for prevention of recurrence of the disease. Drugs for prophylactic use are discussed. A form incorporating medical recommendations for cardiac and/or rheumatic children in school is included in the article; it is hoped that its use will facilitate the management of these children in school.

SCOLIOSIS

444. Risser, Joseph C. (Risser Orthopedic Research, Inc., Box 533-A, Pasadena 8, Calif.)

The application of body casts for the correction of scoliosis. 5 p.

Reprinted from: American Academy of Orthopaedic Surgeons Instructional Course Lectures. Ann Arbor, J. W. Edwards, 1955. v. XII, Ch. XII, p. 255-259.

Describes a technique of applying body casts, devised at the Los Angeles Orthopaedic Hospital, which makes it relatively easy to obtain correction of scoliosis similar to that attained in the turnbuckle cast, and at the same time allows the patient to be ambulatory, except for the week or ten days immediately following surgery. The cast applied by this technique is called the localizer body cast. The table used for application of the cast is described and methods of applying the cast are outlined.

See also 375.

SOCIAL SERVICE--CASEWORK

445. Martz, Helen E. (Soc. Security Admin., U. S. Dept. of Health, Education and Welfare, Washington 25, D.C.)

The contribution of social work to the administration of public assistance. Social Casework. Feb., 1956. 37:2:55-61.

In same issue: Minton, Eunice. The effect of the setting on casework practice in public assistance, p. 61-68. -Wolfe, Corinne H. Training goals in public assistance, p. 68-75.

A series of three articles dealing with the developments in public assistance programs under the Social Security Act, the importance of social work principles incorporated in the Act, and various responsibilities of the social work profession to protect advances made in social security programs. Specifically discussed are the protection of a person's rights to apply for assistance, the application of social work principles in public assistance, and the training of skilled personnel so that the potentials of casework in public assistance may be realized.

SOCIAL SERVICE--CASEWORK--GREAT BRITAIN

See 475.

SOCIAL SERVICE (MEDICAL)

446. Cockerill, Eleanor (Dr. Margolis, 423 Jenkins Bldg. 500 Penn Ave., Pittsburgh 22, Pa.)

The concept of disability, by Eleanor Cockerill and H. M. Margolis. J. Chronic Diseases. Feb., 1956. 3:2:167-179.

The fundamental principles that must be taken into account in the evaluation and management of the disabled are discussed, with case histories illustrating actual application of the principles.

SPECIAL EDUCATION

447. Readaptation. Jan., 1956. No. 26.

Entire issue devoted to the subject.

Partial contents: Pedagogie et psychologie de l'enfant infirme d'age scolaire, J. Vatie. -La preparation des le traitement a l' entree en re-education, M. Pelecier. -La recuperation scolaire individuelle, P. Floucault. -Importance de la reeducation des mathematiques pour la reeducation des hommes, R. Martina. -L'enseignement du francais dans les Centres de formation professionnelle pour handicapes, Mme. M. Mutterer, M. Samacoitz. -Le niveau scolaire a l'entree dans les Centres de reeducation profesionale, S. Fouche. -Problems de psychopathologie dans un Centre de traitement et d'apprentissage de jeunes infirmes, Dr. B. Casalis.

Published by Centre National d'Information pour la Readaptation, 29, Rue d' Ulm, Paris 5, France, at 200 Frs. a copy.

SPECIAL EDUCATION--WASHINGTON

See 432.

SPEECH CORRECTION

448. Hejna, Robert F.

(Developmental articulation test). Madison, Wis., College Typing Co., 1956?. 27 cards. ~~scoring blanks~~.

"The test is designed to assess all consonant sounds according to the age by which they should be used correctly.... After testing has been completed, you should have a good idea as to whether the child is using sounds correctly for his or her age, and which sounds, if any, are defective. This can also serve as a guide in determining which sounds should be worked with first in therapy...." Articulatory age of the child can be established through use of the test which also allows for quick screening of particular age levels when only portions of the test are used.

Cost of the test, including 25 scoring blanks, is \$1.25; additional scoring blanks in pads of 25 available at 35¢. Order from Speech Materials, College Typing Co., 527 State St., Madison 3, Wis.

449. Lewis, Florence Stiles (Div. of Crippled Children, Conn. State Dept. of Health, 165 Capitol Ave., Hartford 15, Conn.)

The physician and the child with a speech problem. Conn. Health Bul. Feb., 1956. 70:2:31-41.

SPEECH CORRECTION (continued)

In same issue: A letter to boys and girls who stutter, p. 42-43.

Presents the medical and anatomical bases for overt oral speech and indicates what the physician may do initially in considering speech problems. References to resources for further diagnostic study of speech and hearing deviations and for rehabilitation are included.

The letter for boys and girls who stutter provides parents with a means of explaining to the child from 6 to 8 why he stutters and how he may help to overcome his stuttering.

450. Pasamanick, Benjamin (Ohio State Univ. Coll. of Medicine, Columbus, O.)

Pregnancy experience and the development of childhood speech disorders, by Benjamin Pasamanick, Frances K. Constantinou, and Abraham M. Lilienfeld. J. Diseases of Children. Feb., 1956. 91:2: 113-118.

"The prenatal and paranatal records of 424 nondefective and nonpalsied children with speech disorders did not show more complications of pregnancy and delivery, prematurity, abnormal neonatal condition, and previous reproductive casualty than the records of a similar number of matched controls. It seems that prenatal and paranatal brain injury may be largely eliminated as an important factor in the etiology of speech disorders in otherwise normal children. The findings of more multiple pregnancies and more later-born children in the speech defective group suggests the role of psychosocial factors in the etiology of speech disorders. The prevention of some of these psychologically and socially disabling disorders may lie in the guidance of mothers in the early management of speech behavior in their children."--Summary.

SPEECH CORRECTION--PARENT EDUCATION

451. Hejna, Robert F.

Your child's speech--normal or defective? A handbook for parents. Madison, Wis., College Typing Co., 1955. 46 p.

Describing in detail the child's growth toward normal speech and the pitfalls that often occur at various stages, the handbook offers parents information on ways of dealing with specific problems in the home. Also included are chapters on cerebral palsy and cleft palate with their attendant speech problems. Dr. Harold Westlake, Head of Northwestern University's Department of Speech Correction and Audiology comments on the handbook as follows: "(It) gives answers to a very large number of routine questions raised by parents and teachers. The answers are straightforward, I believe, almost entirely accurate and stated in such a way that a lay person can make sense out of them. In my opinion this is the best job to date in getting such information together...."

Available from Speech Materials, College Typing Co., 527 State St., Madison 3, Wis., at 75 ¢ a copy.

SPEECH CORRECTION--STUDY UNITS AND COURSES

452. Wood, Nancy E. (Cleveland Hearing and Speech Center, Western Reserve Univ., Cleveland, Ohio)
Televised speech and hearing therapy. Exceptional Children. Jan., 1956. 22:4:152-154, 176-177.

Describes the purpose, organization and requirements of a credit course in speech and hearing therapy on television, introduced at Western Reserve University in 1953, with the cooperation of the Cleveland Hearing and Speech Center. It represented a qualified course for beginning students in speech and hearing therapy, discussed training procedures and professional needs of children with speech and/or hearing difficulties, and provided public education for parents. An outline of the lectures offered to TV audiences is included. Criticisms and positive comments on the televised lectures were given in analyses of the course by registered students.

SPLINTS

453. Brennan, J. B. (Whittington Hospital, London, Eng.)
Plastic splints in the treatment of juvenile rheumatoid arthritis. Annals Phys. Med. Jan., 1956. 3:1:9-12.

Describes a polythene-polyurethane splint which provides an appliance combining strength, lightness, and comfort, as well as ease of construction and inexpensive in cost. The writer has many arthritic and neurological patients wearing such splints constantly for almost a year and tolerating them well. Results of prolonged splinting are illustrated by case histories of two young children with acutely painful joints as part of a severe generalized illness.

454. Von Werssowetz, Odon F. (Gonzales Warm Springs Foundation, Gonzales, Tex.)

Functional wrist splint, by Odon F. Von Werssowetz, Randolph N. Witt, and Rose Elliott. J. Bone and Joint Surg. Jan., 1956. 38-A:1:224.

Describes a functional wrist splint with a single-action spring joint, designed for rehabilitation of the hand affected by neuromuscular or musculoskeletal disorders. It has proved effective on 32 patients, and can be used alone for support of weak extensors or may be used in combination with other attachments for correction of associated disabilities.

SPORTS

455. L'Etang, H. J. C. J. (25 Connaught Mansions, Prince of Wales Dr., Battersea, London, S.W. 11, Eng.)
Physical disabilities in sportsmen. Practitioner. May, 1955. 174:584-588. Reprint.

The writer gives an impressive list of sportsmen of various countries who suffered from physical disabilities but yet managed to achieve fame. Disabilities include those of vision, of the skeletal system, vertebral injuries and disc lesions, multiple injuries, and systemic disorders.

TUBERCULOSIS--PAKISTAN

456. Wynen, Elise (Holy Family Hosp., Rawalpindi, Pakistan)

Tuberculosis in children. J. Am. Med. Women's Assn. Feb., 1956. 11:2:54-58.

Describes the types of tuberculosis encountered in children of Pakistan, stresses the need for the family physician to recognize signs and symptoms of the disease in its early stages, and outlines methods of treatment and prevention.

TYPING--EQUIPMENT

457. Bastable, Ann D. (Univ. of Illinois Respiratory Center, 840 S. Wood St., Chicago, Ill.)

Typewriter frame and mouthstick for the quadriplegic with neck involvement. Am. J. Occupational Ther. Jan.-Feb., 1956. 10:1:7-8, 12.

A description of a pipe frame for a typewriter which was developed to solve the problem of poor positioning in the patient and provide safety for both the patient and therapist. The frame has two adjustments which allow it to be lowered to approximately 28 inches from the floor for manual typing in a wheelchair; the other provides for tilting the keyboard a full 360 degrees, a feature originally designed to enable the quadriplegic patient to achieve mouthpiece typing. The Y-shaped plastic mouthpiece described allows patients with poor neck muscles to type independently.

VETERANS (DISABLED)--ISRAEL

458. Israel rehabilitates its war invalids. Rehabilitation. Winter, 1955-56. 16:12-14.

In this article sent to Rehabilitation by the Embassy of Israel, the great progress achieved by Israel in rehabilitating its disabled war veterans is described. Under the War Invalids Law, passed by Israel's Parliament in 1949, the Rehabilitation Division of the government set up four sections to deal with pensions, medical services, economic rehabilitation, and housing. The work of these sections is discussed, as well as the financing of the program.

VETERANS (DISABLED)--PROGRAMS

459. Arnett, Thomas M. (Veterans Admin., Area 2 Med. Office, Trenton, N.J.)

Planning for the patient's discharge. Modern Hosp. Mar., 1956. 86:3:104, 106, 108, 110.

A program recently instituted in 13 V. A. hospitals restores patients to useful living. Three main phases of the program include preliminary hospital-wide planning, planning for the individual patient, and utilization of voluntary service organizations to provide special services such as recreation and aid in adjusting to the return to home and community.

VOCATIONAL EDUCATION

460. Reid, Harry W.

Textiles for the deaf. Palmetto Leaf, School for the Deaf, Spartanburg, S.C. 10 p. Reprint.

Describes a course in textiles inaugurated by the South Carolina School for the Deaf in 1954 to train both boys and girls in this vocation and provide them with the necessary skills to compete on an equal basis with graduates of other textile training classes.

The reprint is available from the office of American Annals of the Deaf, Gallaudet College, Washington 2, D.C., at 25¢ a copy.

VOCATIONAL GUIDANCE

461. U. S. Office of Vocational Rehabilitation (Washington 25, D.C.)

Clinical aspects of counseling with the disabled. Washington, D.C., The Office, 1956. 17 p. (Rehab. Serv. ser. no. 343) Mimeo.

Contents: Applicability of standard psychological tests to the disabled, Salvatore G. DiMichael. -Relationship of psychological test data to therapy for the disabled, Darrel J. Mase. -Application of therapeutic procedures to the disabled, Samuel B. Kutash. -Need for the team approach in counseling with the disabled, Lee G. Sewall.

A group of papers presented at the 1954 meeting of the American Psychological Association, at a session cosponsored with the National Council on Psychological Aspects of Physical Disability.

VOCATIONAL REHABILITATION

462. Switzer, Mary E. (Off. of Voc. Rehabilitation, Washington 25, D.C.)

Progress and future plans of the Federal vocational rehabilitation program. J. Chronic Diseases. Mar., 1956. 3:3:318-322.

An editorial.

New legislation passed by Congress promises to have a long-term effect on the problems of chronic disease by providing Federal aid to rehabilitation programs. Miss Switzer defines the purposes of three Acts and how state and local communities will benefit from them. Although vocational rehabilitation operates in all states and territories of the United States, lack of funds, facilities and trained personnel still cause a gap between need for service and their availability.

WORKMEN'S COMPENSATION

463. Hanson, Stanwood L. (Liberty Mutual Ins. Co., Boston, Mass.)

Results of rehabilitation in the field of workmen's compensation. J. Chronic Diseases. Mar., 1956. 3:3:323-330.

A discussion of the extent of costs of work accidents, changes in workmen's compensation laws in the various states and their implications for industry, methods employed to reduce loss in industrial accidents, and results of rehabilitation. Statistics from the services provided in Liberty Mutual Insurance Company's two rehabilitation centers in Boston and Chicago are cited to illustrate the success of the program, as well as types of cases treated.

WORKMEN'S COMPENSATION--CALIFORNIA

464. Bamberger, Lisbeth (21 Audubon Ave., New York 32, N. Y.)

Rehabilitation under workmen's compensation in California. Indust. Med. and Surg. Feb., 1956. 25:2:63-72.

An analysis of arrangements for rehabilitation of the industrially injured in California pointing out needed changes in present attitudes, laws, and administration if potential benefits of rehabilitation are to be made available to injured workers under workmen's compensation. Recommendations are offered for effecting in California a workmen's compensation system with a fully integrated rehabilitation program.

New Books Briefly Noted

ART

465. Randall, Arne W.

Art for exceptional children. Lubbock, Texas, The Author, c1956. 104 p. Mimeo.

This book, developed out of the need to provide art experiences for exceptional children, offers much more than the usual craft suggestions. Chapters on the special needs of children with a variety of physical, mental, and social handicaps discuss the characteristics of each group, special equipment needed, types of educational programs suitable for each, art activities and their physical and recreational values, and the parents' role in the educational program. An outline of suggestions for the use of crafts in functional restoration is included as well as an extensive list of inexpensive materials which can supplement commercial art materials. Each chapter is followed by a list of agencies serving the particular needs of each group and a short bibliography. Needs of the gifted child are also considered.

Available from the College Bookstore, Texas Technological College, Lubbock, Texas, at \$2.50 a copy.

BRAIN INJURIES--MENTAL HYGIENE

466. Bender, Lauretta

Psychopathology of children with organic brain disorders. Springfield, Ill., Charles C. Thomas, Publ., c1956. 151 p. illus. \$5.50.

Essentially clinical in its approach, the book is based on intensive studies of children from the Children's Service of the Psychiatric Division of Bellevue Hospital, New York City, during the period from 1934 to 1954. Covered are the psychological development, psychological reactions, and the psychopathology of children with organic disorders of the brain. Diagnostic methods, neurological techniques and psychological test procedures are described, as well as treatment of such brain disorders as congenital deviations, birth injuries, encephalitis, cerebellar disorders, head injuries and maturation lags. This is the fourth in the Bellevue series of Studies of Child Psychiatry.

CEREBRAL PALSY--BIOGRAPHY

467. Hart, K. R. A.

A spastic wins through. London, Bannisdale Pr., c1955. 119 p.

The author, so severely handicapped by cerebral palsy that he could not walk or stand until he was over seven years old, tells in detail the story of his upbringing and education, his medical and surgical treatment, and his ultimate qualification as a professional member of the staff of the London Times and The Law Reports. The book was written at the request of the British Council for the Welfare of Spastics in the hope that it might give encouragement and help to others so handicapped.

Published by the Bannisdale Press, 46/47 Chancery Lane, London, W.C. 2, England, at 6s (approx. \$1.08) a copy.

CEREBRAL PALSY--SPEECH CORRECTION

468. Rutherford, Berneice R.

Give them a chance to talk; handbook on speech correction for cerebral palsy; rev. ed. Minneapolis, Burgess Publ. Co., 1956. 137 p. illus. \$3.25.

The author, for many years speech therapist at the Dowling School for Crippled Children, Minneapolis, and for the past seven years Director of the St. Paul Rehabilitation Center, describes in this third revision of a well-known book specific techniques and principles to aid in diagnosing and correcting speech defects of the cerebral palsied. This edition has been expanded to include suggestions for the treatment of older cerebral palsied persons as well as children. Covered are the background of speech therapy, descriptions of types of cerebral palsy and speech differences, testing methods, techniques for developing speech, and problems of personal adjustment. A chapter on parent training is included.

CONGENITAL DEFECT

469. New York. Association for the Aid of Crippled Children, New York, City

Mechanisms of congenital malformation; proceedings of the Second Scientific Conference of the... June 15 and 16, 1954; Chairman, Dr. S. R. M. Reynolds. New York, The Assn., c1955. 137 p. illus., tabs., graphs. \$3.00.

The report of a conference attended by 43 scientists engaged in research concerning the inter-relationship of hereditary factors and physical and social environment as they affect congenital defects. New procedures which promise to influence the incidence of congenital deformity were discussed. Included are an extensive bibliography and subject and author indexes.

EDUCATION

470. Hicks, Hanne J.

Administrative leadership in the elementary school. New York, Ronald Press, c1956. 456 p. charts. \$5.00.

Emphasis in this textbook for courses in elementary school administration is on practical ways and means for improving educational leadership. Chapters discuss the role of the educational leader, purposes and

EDUCATION (continued)

functions of the school, improving organization and management, curriculum and services of the school, improving professional relationships and evaluating the effectiveness of the school program. A section covering curriculum adjustments for exceptional children is found on p. 250-267.

FOUNDATIONS

471. Andrews, F. Emerson

Philanthropic foundations. New York, Russell Sage Foundation, 1956. 459 p. tabs., charts. \$5.00.

The sixth in the Russell Sage Foundation's series on foundations and philanthropic giving, this study of the present status of foundations, their organization and administration, methods of operation, and fields of activities is designed primarily as an aid to existing foundations and to prospective donors and their advisors in setting up foundations. For those seeking foundation grants the book offers much information also. Appendices include an extensive bibliography and sections of the 1954 Internal Revenue Code relating to the legal status and requirements of foundations.

GIFTED CHILDREN

472. Hall, Theodore

Gifted children; the Cleveland story. Cleveland, The World Publ. Co., c1956. 90 p. \$2.00.

Begun thirty years ago as an experiment, Cleveland's Major Work classroom program in the public schools offers gifted children the opportunity to grow educationally and emotionally at a pace to suit their individual capabilities. This is a report of an informal visit to the classes, explaining to parents and teachers what can be accomplished by such a program. A detailed outline for developing classes for gifted children, written by Dorothy E. Norris, Supervisor of the Major Work classes, is included as an aid to teachers.

HEREDITY

473. Reed, Sheldon C.

Counseling in medical genetics. Philadelphia, W. B. Saunders Co., c1955. 268 p. tabs. \$4.00.

The Director of the Dight Institute for Human Genetics, University of Minnesota, covers problems that have occurred most frequently in the past few years of counseling in the field of medical genetics, in the hope that the information may assist physicians to answer their patient's questions concerning hereditary possibilities of epilepsy, mental disease, mental deficiency, cleft palate, spina bifida, and other anomalies. Often parents of handicapped children ask whether they should have more children; the heredity clinic counselor explains the situation genetically but leaves the final decision to the parents. Dight Institute is one of about 20 such heredity clinics in the United States giving free counseling and information.

MEDICINE--RESEARCH

474. Health Information Foundation (420 Lexington Ave., New York 17, N. Y.)

An inventory of social and economic research in health, comp. by Frederick R. Strunk. New York, The Foundation, 1955. 266 p. Paperbound.

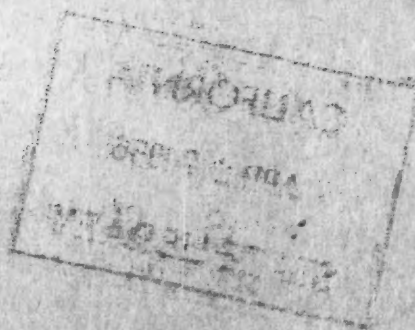
This is the fourth edition of a book devoted to a compilation of current and recently completed research projects dealing largely with the social and economic aspects of health programs and health problems. The more than 398 projects described here lie within three broad areas: 1) disease and its correlates, 2) health economics and problems of administration, and 3) community organization and social structure. The usefulness of the book is enhanced by indexes covering subjects, organizations conducting research, project personnel, geographic areas of research projects, sponsors of projects, and other sources of information concerning research in health.

SOCIAL SERVICE--CASEWORK--GREAT BRITAIN

475. Morris, Cherry, ed..

Social case-work in Great Britain. New York, Whiteside & William Morrow & Co., 1955. 231 p. \$4.00.

Professional social workers who are specialists in a variety of fields describe their fields and the common principles underlying the different forms of social casework in Great Britain. Among the contributors are child-care workers, family case workers, workers in child guidance clinics and mental hospitals, moral welfare workers and probation officers, psychiatric and medical social workers. Techniques used to solve the personal, social, and economic difficulties of individuals and families are discussed. Chapter 4 is "Medical Social Work," by Jean Snelling.



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